

PLAINTIFF

LEON WILSON

DEFENDANT

DAN HORRIGAN

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

DAN HORRIGAN, MAYOR

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT 166 SOUTH HIGH STREET, AKRON, OHIO 44308

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

LEON WILSON
788 YALE STREET
AKRON, OHIO 44311

COURT CASE NUMBER

5:19 CV 156

TYPE OF PROCESS

SUMMONS AND Complaint

Number of process to be served with this Form - 285

TWO

Number of parties to be served in this case

3

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

Leon Wilson, pro se

PLAINTIFF

DEFENDANT

TELEPHONE NUMBER

330-329-1465

DATE

1/22/19

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only first USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (<i>complete only if different than shown above</i>)	Date of Service	Time am pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

PLAINTIFF LEON WILSON	COURT CASE NUMBER 5:19cv 156						
DEFENDANT CITY OF AKRON	TYPE OF PROCESS SUMMONS AND COMPLAINT						
SERVE → AT NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN CITY OF AKRON	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 166 SOUTH HIGH STREET, AKRON, OHIO 44308						
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:							
<input checked="" type="checkbox"/> LEON WILSON 788 YALE STREET AKRON, OHIO 44311							
<table border="1"> <tr> <td>Number of process to be served with this Form - 285</td> <td>2</td> </tr> <tr> <td>Number of parties to be served in this case</td> <td>3</td> </tr> <tr> <td>Check for service on U.S.A.</td> <td></td> </tr> </table>		Number of process to be served with this Form - 285	2	Number of parties to be served in this case	3	Check for service on U.S.A.	
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Number of parties to be served in this case	3						
Check for service on U.S.A.							

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Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of: Leon Wilson, pro se	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER 330-329-1465	DATE 1/22/19
<input type="checkbox"/> DEFENDANT			

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REMARKS:

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	LEON WILSON	COURT CASE NUMBER	5:19cv156
DEFENDANT	VITO SINOPOLI	TYPE OF PROCESS	Summons and Complaint
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN VITO SINOPOLI CHIEF BATH TOWNSHIP Police DEPT.		
→	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 3864 W. Bath Road, AKRON, OHIO 44333		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	2
<u>LEON WILSON 788 YALE STREET AKRON, OHIO 44311</u>		Number of parties to be served in this case	3
		Check for service on U.S.A.	

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